



## Section B: Plan Selection

Please choose one plan.

Summit Plan Name	
Summit 4500 Silver	<input type="checkbox"/>
Summit 5500 Bronze	<input type="checkbox"/>
Summit HSA 6500 Bronze	<input type="checkbox"/>

POS Plan Name	
POS 2000 Gold	<input type="checkbox"/>

## Section C: Signature and Date

Policyholder Signature \_\_\_\_\_ Signature Date \_\_\_\_\_

I agree that the typed name above shall be treated as a valid signature for all purposes of this form.

↓ FOR OFFICE AND BROKER USE ONLY ↓

Agent Name: \_\_\_\_\_

Agency: \_\_\_\_\_